PLACE OF DEATH: County C			S	IAT	NDARD CER	TIFI	CATE OF DEATH	DEPARTMENT OF THE	OF COMMERCE	
Township		PLACE OF DEATH:				State	ARIZONA	Desistand No.	Black con 1 by	
City No. (If death occurred in a hospital or institution, give its NAME instead of Street and number) Length of residence in city or town where death occurred										
FULL NAME GEORGE WARREN Residence: No. (Utual place of shode) St., Ward. (If nonresident, give city or town and State) PERSONAL AND STATISTICAL PARTICULARS 3. Sex M. (Color or Race S. Single, Married, Widewed, or Diverced (write the word) 5a. If married, widewed, or divorced (Household of (or)) Wile of (or) Wile or (or) Wile of (or) Wile or (or) Wil	1 OWNED	Р	***************************************			" es Amini	e		············ 01	
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